



**APPLICATION FOR APPROVAL OF PLUMBING CONTINUING
EDUCATION FOR THE CITY OF WICHITA**

Submit application to delaws@wichita.gov or fax to 316-268-4663 Attn: David Laws

COMPANY NAME (Sponsor)_____

INSTRUCTOR (attach short bio)_____

COURSE NAME_____

SUBJECT MATERIAL (outline description of class)_____

LOCATION_____

CLASS ROOM HOURS_____

DATE(S) OF CLASS _____

.....**Official use only, do not write below this line**.....

PLUMBING – YES____ **NO**____ **CODE EDUCATION – YES**____ **NO**____

IF NOT APPROVED PLEASE STATE REASON: _____

Signed _____

Date _____